Concurrent Session One – Translation Issues/Taxonomy Interventions

Each of the groups reported out their findings to this exercise as follows:

Group 1

Issues

- ❏ Challenge to contractors to "go out of the box"
- ❏ Classification of programs into intervention components
- ❏ Public health agencies especially have challenges targeting populations and moving out of their comfort zones
- ❏ Challenge working with contractors who try to fit old strategies into CDC categories
- ❏ Dealing with old language (AKA community-level)

Benefits

- ❏ Common language
- ❏ Consistency in service delivery

Issues

- ❏ Community planning priorities don't always translate into CDC classifications
- ❏ Programs don't translate into taxonomy
- ❏ TA is "drive-by" and needs to be more long-term
- ❏ CDC needs to develop a more intensive TA system to help health department staff with turnover
- ❏ Suggest a TA "bulletin board" for discussion of issues
- ❏ Need local TA so it's within reach and consistent

Solutions

- ❏ VA uses "locus of elocution" in defining intervention types
- ❏ Encourage agency collaboration
- ❏ Intervention standards developed and contractors educated
- ❏ Data collection forms developed

Group 2

Issues

- ❑ Significant issues around implementation
- ❑ CBOs don't implement interventions consistently
- ❑ Lack of common language/common delivery of interventions to clients
- ❑ Lack of common understanding/language among contractors
- ❑ How to classify interventions accurately if there are many types of interventions within the main approach to reach a population

Solutions

- ❑ Starting fresh so that all can have a common understanding of language, definitions of interventions, populations, taxonomy
- ❑ For TA, expand compendium and help to identify what's been done elsewhere so duplication of efforts can be minimized
- ❑ Synthesize outcome evaluation instruments and methodologies

Issues

- ❑ CBOs don't necessarily implement interventions universally
- ❑ There is no common delivery message that cuts across interventions

Benefits of Universal Language

- ❑ Catalyst for evaluating CBO/Contractor activities encourages focus on intent (e.g., target population, type of intervention)
- ❑ Helps with evaluation
- ❑ Helps with development of a plan

Group 3

Issues

- ❑ Different benefits with a single intervention versus multiple interventions
- ❑ Prioritization within programs

Solutions

- ❑ CBOs report monthly on each activity and health department translates
- ❑ Written reports/outcome studies
- ❑ Client level data to capture multiple interventions
- ❑ Check box as part of other interventions/programs

Activities/Strategies/Interventions

- ❑ Understanding the differences/relationships
- ❑ Training for CBOs on interventions and taxonomy
- ❑ Reviewing intervention plan
- ❑ Translation, not program transformation
- ❑ Funding for training and training curriculum from CDC
- ❑ Data collection (outreach, palm pilot). What's being collected?
- ❑ Standards from CDC
- ❑ TA provider needs to be an expert (and local)

Group 4

Issues

- ❑ Lack of fit
- ❑ Categories are inflexible (how to count and account for staff/staff time for apps)
- ❑ Large states are not using taxonomy
- ❑ Lack of skills for CBO to categorize
- ❑ Lack of standardization
- ❑ Lack of training

Benefits

- ❑ Helps everyone speak the same language
- ❑ Accountability
- ❑ Helps providers know what they're doing
- ❑ Minimum standards needed as a marker (perhaps certification would help)
- ❑ Directs services to specific populations

Group 5

Benefits

- ❑ Taxonomy focuses interventions and it really helps people focus
- ❑ Gives common language to discuss what is actually happening to interventions

Issues

- ❑ Concern about changes and how that impacts providers (example: loss of funds)
- ❑ Generate fear from providers
- ❑ Internal conflict
- ❑ Confidentiality issues with data
- ❑ Programs don't fit with CDC taxonomy
- ❑ Some interventions are a combination (e.g., ILI and outreach)
- ❑ Rural areas – everyone does everything and separating activities is a challenge
- ❑ Rural and urban interventions have differences
- ❑ Quality of data collection problematic
- ❑ Staff training

Discussion Summary:

- ❖ Several participants expressed concern that interventions often take the form of multiple interventions, taking issue that the taxonomy currently is designed for single intervention evaluation.

- ❖ Additional clarification and a possible solution strategy was given by the participant from Wyoming who explained that in Wyoming's RFA's, they could pick the priority target populations, and if they wanted to do several interventions, they had to do a separate work plan and separate budget to track it. They have grantees track everything by single event, and then make sure they get tracked to the right IVI, etc. They don't prioritize. Instead, they let people do the interventions they want.

- ❖ It was suggested that in order not to lose the complexity that interventions are multi-faceted, written reports are needed. For example, the impact of lack of social structures for gay men need outcome studies to capture complexity. The issue of reporting is that at the national level, CDC is not capturing the complexity – they are missing the ability to do true preventions in the future. It is important for the federal government to understand that.

- It was suggested that if client level data was collected with unique identifiers, the holistic nature could be captured.

- A representative from Nevada said that their issue was that the activities, strategies and interventions sometimes blurred. This could be resolved by training CBO's, getting more expanded definitions, and helping the outreach workers understand why they may start out with a particular intervention but in a few weeks or months, they may move into a different intervention. This somehow must be tracked. Intervention plans must be reviewed on an on-going basis in order to revise when necessary for various reasons (e.g., interventions are not working, intent was to do one thing and another happens).

- A participant suggested that it was about translation issues, not about program transforming issues. Sometimes plans needed reworking because they needed to do what worked with target populations.

- A representative from Texas pointed out that it was a good opportunity in the planning cycle for looking at the community plan and have the plan specifically target populations about intervention they think are appropriate and specifying intended outcomes. Texas is happy when a contractor applies. They'll be working with them through logic modeling, part of RFP process, and pre-contract training, so that contractors can start describing their programs in the same language across the state. Texas is moving away from emphasis of contact of people and more on intended outcome to learn whether they are actually doing what they are intending to do in the program. The ultimate goal is working toward a reduction in HIV.

- It was noted that some of the contractors have multiple organizations they have to be accountable to. They might have funding from state and local jurisdictions that they have to file. One contractor may be getting funding from two states, so they have to file two reports. It's difficult to determine how to tabulate data and have an ability to use common language when there are so many different report mechanisms and different pieces of information filed under different taxonomies. Even at the CDC level, if there could be commonality in how different data elements are defined and captured, that could be a beginning.

- Concern was expressed that to some extent, states felt as though they were being prevented from talking to one another. Perhaps a listserv could help everyone.

- One problem is that at the state level, there are different organization that have to be reported to (e.g., state, county, multi-state, foundations).

- Amee Bhalakia pointed out that it seemed like the biggest issue was that it was really hard to single out the intervention and its outcome because there was so much going on with the individual intervention. So, where does one draw the line? When does it become a program? Moreover, multiple funders were asking for different types of data. A common language would not only assist states in reporting to CDC, but also in communicating with one another.